

# Utah WIC Program Formula and Food Authorization Infants up to 12 Months of Age

Please complete each appropriate section below or formula/foods cannot be issued.

<b>A. Patient's Name:</b> _____ <b>Patient's DOB:</b> _____ <b>Parent/Guardian Name:</b> _____ <b>Today's Date:</b> _____ <b>Primary Care Physician :</b> _____ <b>Discharging Physician:</b> _____	
<b>B. Medical Diagnosis</b> – Check all that apply	
<input type="checkbox"/> Allergies <input type="checkbox"/> GERD <input type="checkbox"/> Feeding Difficulties <input type="checkbox"/> Prematurity <input type="checkbox"/> Cystic fibrosis <input type="checkbox"/> FTT <input type="checkbox"/> Malnutrition <input type="checkbox"/> Other ICD 10 Medical Dx: _____	
<b>C. Name of Formula/Product:</b> _____	
<b>Physical Form of Formula:</b> <input type="checkbox"/> powder <input type="checkbox"/> concentrated liquid <input type="checkbox"/> ready to feed (RTF)	
<b>Partially Breastfed Infant Formula Amount (oz/day):</b> <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9 <input type="checkbox"/> 12 <input type="checkbox"/> Other: _____ oz/day (no ranges)	
<b>Fully Formula Fed Infant Formula Amount (oz/day):</b> <input type="checkbox"/> 20 <input type="checkbox"/> 24 <input type="checkbox"/> 27 <input type="checkbox"/> 29 <input type="checkbox"/> Other: _____ oz/day (no ranges) <input type="checkbox"/> Full WIC Formula Provision (Issued if nothing is marked)	
<b>D. WIC Infant Foods</b> From 6 months until one year of age, WIC infant foods are available in addition to the prescribed formula. <b>If nothing is marked below, all foods will be issued.</b>	
<input type="checkbox"/> No infant cereal <input type="checkbox"/> No infant fruits and infant vegetables <input type="checkbox"/> 6 - 11 month old infant who is medically unable to consume complementary foods. Provide the maximum formula amount of 960 fl oz reconstituted powder.	
<b>E. Months of Issuance</b> <input type="checkbox"/> 1 mo. <input type="checkbox"/> 2 mo. <input type="checkbox"/> 3 mo. <input type="checkbox"/> 4 mo. <input type="checkbox"/> 5 mo. <input type="checkbox"/> 6 mo. (6 months will be issued including current month if nothing is marked) <b>Order will continue through the end of the expired month.</b> **See reverse for exceptions	
<b>F. Health Care Provider Information</b> (A written or stamped signature is acceptable.)	
State Licensed Prescriptive Authority <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NP <input type="checkbox"/> PA Signature _____ Clinic/Hospital _____ Fax# _____ Phone # _____	
<b>WIC USE ONLY</b>	Approved by: _____ Received in Clinic Date: _____ FAFAF Expiration Date: _____



**Instructions to Complete  
Utah WIC  
Formula and Food Authorization Form  
Infants up to 12 Months of Age**

**Step A:** Complete patient information.

**Step B:** Indicate all medical diagnoses that apply to patient. If diagnosis is not listed, please write in the ICD 10 Medical Diagnosis that applies.

**Step C:** Formula/Product

**NOTE:** Please see list of WIC contract formulas that do not require this authorization for infants < 12 months.

- List name and brand of formula required.  
**Authorization should be based on medical need and not patient preference.**
- Specify if the requested formula is powder, concentrated liquid, or ready to feed.
- Indicate quantity of authorized food or formula needed per day. **The full WIC formula and food provision (see table below) will be issued unless other instructions are noted.** Please give specific amount needed - no ranges can be accepted.

NOTE: Breastfeeding mothers may request less than the full WIC formula provision to supplement their breast milk.

**Step D:** Please indicate if WIC Complementary Foods are allowed or if there are any restrictions. For infants, foods are given at ≥ 6 months of age. **Infant meats are only available for fully breastfeeding infants.** (Full provision of WIC food packages are listed below.)

**Step E:** Specify the length of time this formula and food authorization will be valid.

\*\*Pharmacy-ordered premature formulas must be requested monthly.

**Step F:** Health Care Provider Information must be signed by a Utah state licensed prescriptive authority.

## Utah WIC Rebate Formulas

**Issuing the following contract formula doesn't require the use of this form and will be more cost effective allowing the Utah WIC Program to serve more participants**

Similac Advance

Gerber Good Start Soy

Gerber Graduates Soy

**The following formulas must be ordered by the health care provider, using this form, and will still result in a rebate**

Similac Sensitive

Similac for Spit Up

Similac Total Comfort

## Full Provision of WIC Formula and Food\*

### Infants

**0-3 months of age:**

- 28/29 oz formula/day

**4-5 months of age:**

- 30/32 oz formula/day

**6-11 months of age:**

- 22/23 oz formula/day,
- 24 oz infant cereal/month,
- 32 jars (4 oz. size) of infant food fruits/vegetables/month

**9-11 months of age:**

- may get fresh fruits and vegetables to replace some jarred infant food

\*Amounts based off of 30/31 day months